

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE			
						10621219				
CLAIMS										
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP				
1							51			
2							52			
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43							93			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	1						TOTAL DEP.			
TOTAL CLAIMS	3						TOTAL CLAIMS			

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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